



ACT

Navy Suicide Prevention

WHAT'S IN A WORD? BEST PRACTICES FOR REPORTING ON SUICIDE IN THE MEDIA

Careful coverage of suicide can change misconceptions among the general public and vulnerable individuals, *promoting* seeking help as a sign of strength. However, the way suicide is covered and discussed in the media can negatively influence behavior depending on reporting characteristics. This effect is known as suicide or media contagion.

When reporting on suicide, consider these best practices:

Use objective terms to describe an increase in the number of suicides.

Describing suicide as an epidemic places it in the context of diseases that are spreading among populations. To vulnerable individuals, this description may justify future suicidal behavior by normalizing the act to something that any service member can “catch,” or placing them in the company of their peers that have chosen suicide. It may also lessen the perceived value of seeking help by framing suicidal risk factors as an untreatable or unavoidable condition. To avoid the risk of influence among vulnerable audiences following media reporting, use non-sensational descriptions, such as “an increase in suicides.” Within these descriptions, it’s important to note that any increase or rise in suicides shows that the force is under stress and underscores the need for peer and leadership support. Always emphasize that every Sailor lost to suicide is one too many.

Use brief, non-sensationalized, headlines when reporting on suicide and avoid front-page or lead-story placement.

Headlines take on sensationalistic qualities when they include the word “suicide,” descriptions of means, or oversimplify the causes. Combined with prominent and frequent coverage, these reporting styles can contribute to contagion. Brief headlines that frame suicide as a call-to-action issue that peers, leadership and families can help conquer, promote help-

seeking behavior and minimize “glamorization” of this sensitive subject matter.

Even if specific contributing risk factors are unknown at the time of reporting, always include the most commonly known risks and warning signs.

Avoid presenting a death by suicide as an unexplained event or one that came without warning, which may discourage audiences from intervention if the need arises. The truth is it may take several months for details of the events before a suicide to unfold. Suicide is rarely the result of just one contributing factor and once details emerge, warning signs and/or risks become more apparent. No matter how shocking the death may be, including discussion of widely known stressors will not only promote seeking help to vulnerable individuals, but may motivate intervention through awareness.

Avoid extensive descriptions of the means used to attempt or complete a death by suicide.

Providing detailed descriptions of the method in a suicide death or attempt, or repeatedly discussing the means, reduces the person to his or her final act. To vulnerable audiences, this may be desirable as the suicide might overshadow their perceived shortcomings or failures elsewhere in life. These descriptions can

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also serve as a "how to" guide to complete a suicide for vulnerable individuals and may lead to contagion. Brief mention of means is acceptable, such as "died by gunshot wound," but only in body of the article or broadcast (not in the headline).

Memorialize the person, not the event (suicide).

Providing details found in a suicide note and extensive description of the person's final days in a report that also discusses his or her accomplishments can send mixed signals. Suicide should not be considered an accomplishment, nor should the person be reduced to his or her final life-ending act. Instead separate the person's success, and accomplishments from the details of the suicide. Language that presents the suicide as a way the person found peace or "solved" problems glorifies the act. To vulnerable audiences, this again may be a desirable outcome. Suicide should always be presented as a permanent response to a temporary problem.

Use objective terms to describe suicide related behaviors and events, such as "death by suicide" or "non-fatal suicide attempt."

Suicide is better understood when framed objectively within the context of behavioral health. Instead of using the term "committed suicide," which criminalizes the act, state that a person "died by suicide." Additionally, stating that a suicide attempt was "successful" or "failed" implies that suicide is a desirable outcome. "Non-fatal attempt" is an objective description of a suicide that was not completed. Similarly, stating that a suicide was "completed" is preferable to calling it "successful."

Always provide information for assistance.

To promote help-seeking behavior and reduce the risk of media contagion, always accompany reports on suicide with resources for vulnerable and/or concerned audiences.

For Immediate Help:

VETERAN'S CRISIS LINE
1-800-273-TALK (8255) or text 838255.
www.veteranscrisisline.net

For more information on best practices for reporting on suicide in the media:

www.reportingonsuicide.org

For reporting resources including warning signs and risk factors of suicide:

NAVY SUICIDE PREVENTION PROGRAM
www.suicide.navy.mil

For information on discussing the subject of suicide in everyday conversation:

www.suicide.navy.mil and select "What's In a Word" on the homepage.

Other suicide prevention and awareness resources:

SUICIDE PREVENTION RESOURCE CENTER
www.sprc.org

MILITARY MENTAL HEALTH
www.militarymentalhealth.org

MILITARY ONESOURCE
www.militaryonesource.mil

DEFENSE CENTERS OF EXCELLENCE FOR PSYCHOLOGICAL
HEALTH AND TRAUMATIC BRAIN INJURY
www.dcoe.health.mil

NAVY MARINE CORPS PUBLIC HEALTH CENTER
<http://www.med.navy.mil/sites/nmcphc/Pages/Home.aspx>

NAVY OPERATIONAL STRESS CONTROL
www.navynavstress.com